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CONFIRMATION NO. 1869

<b>SERIAL NUMBER</b> 10/510,643	<b>FILING OR 371(c) DATE</b> 05/23/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 09471.0014
<b>APPLICANTS</b> Catherine Castan, Olienias, FRANCE; Florence Guimberteau, Montussan, FRANCE; Remi Meyrueix, Lyon, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/01096 04/07/2003				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 02/04409 04/09/2002 FRANCE 02/10847 09/02/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 22852				
<b>TITLE</b> Oral pharmaceutical formulation in the form of aqueous suspension for modified release of active principle(s)				
<b>FILING FEE RECEIVED</b> 1398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	